



Upstate Warrior Solution Nonwarrior Intake

How did you hear about Upstate Warrior Solution?

Connected Warrior Information: Name:

DOB (MM/DD/YYYY):

Last 4 of SSN:

Phone Number:

Email Address:

Warrior Deceased Date:

Mailing Address:

County:

Justice-Involved Veteran: Y N

Request DD-214: Y N

Profile

Name (First, Middle, Last):

Relationship to Warrior:

Phone Number:

Email Address:

Demographics

Gender: Male Female Other

Race:

Are you a Gold Star or Blue Star Parent? Y N

Marital Status: Single Engaged Married Separated Divorced Widowed

DOB (MM/DD/YYYY):

Housing and Transportation

Address *Only if different from Warrior. (Include Apt. Number):

Homeless: Y N

City:

State:

Zip code:

County:

Would you like UWS to contact you for housing assistance? Yes No Notes:

Current Living Conditions: Rent Own Family/Friend Shelter Treatment Facility Incarcerated

Mode of Transportation: Privately Owned Shared Public Transport Other

Valid Driver's License: Y N

Employment

Employment Status: Employed Unemployed Retired Unable to Work (SSD/IU) Full-time Student

Where are you employed?

Employment Type: Full-time Part-time PRN

Does your employer hire veteran/spouses? Y N

Would you like us to contact you for employment assistance? Y N

Do you have a current resume? Y N

Would you like UWS to contact you for resume assistance? Y N

Would you like to receive our weekly employment email? Y N

Healthcare

Are you eligible for Tricare? Y N

Enrolled in Tricare? Y N

Are you enrolled in other healthcare? Y N

Are you eligible for Aid and Attendance? Y N

Would you like UWS to contact you for healthcare or Aid and Attendance assistance? Y N

Notes:

Education

Highest level of education: HS/GED Associate Degree Bachelor's Degree Master's Degree Doctorate Degree

What higher education institution(s) did you attend?

Have you utilized military education benefits? Y N If so, please choose: Chapter 35 Chapter 31 State Voc Rehab

Have you connected with Folds of Honor? Y N Notes:

Household Information only

Number of Children: _____ Number of Household members: _____

Are you a caregiver? Y N If so, are you a caregiver of a Post-9/11 veteran? Y N

Total Household Income: Below \$25k \$25k-\$35k \$35k-\$45k \$45k and above Prefer not to answer

Personal Event/Topics of Interest

Please mark each type of event or topic you would be interested in attending/learning about:

<input type="checkbox"/> Crafts for Freedom (various DIY crafts)	<input type="checkbox"/> Family/Marriage Communication	<input type="checkbox"/> Other (please explain):
<input type="checkbox"/> Cooking/Baking	<input type="checkbox"/> PTSD/TBI	
<input type="checkbox"/> Health and Wellness	<input type="checkbox"/> Domestic Violence	
<input type="checkbox"/> Bereavement/Grief	<input type="checkbox"/> Alcohol/Substance Abuse	

Are you interested in receiving Outdoor Recreation opportunities? Y N If yes, what kind?

Family Information and Interests

Child(ren) [names, DOB (MM/DD/YYYY), gender, activities/interests]:

Dependent(s) [names DOB (MM/DD/YYYY), gender, activities/interest]:

Volunteer / Fellowship Program

Are you interested in volunteering with Family Services? Y N If so, how often are you available?

Are you interested in participating with our Fellowship Program? Y N

Skills, Certifications, or Professions:

Please mark each type of volunteering/sponsorship you may be interested in

<input type="checkbox"/> Facilitate program	<input type="checkbox"/> Donate gift cards (food, gas, etc.)	<input type="checkbox"/> Other (please explain):
<input type="checkbox"/> Financially sponsor event	<input type="checkbox"/> Special event volunteering	
<input type="checkbox"/> Donate tickets to events	<input type="checkbox"/> Tabling events	
<input type="checkbox"/> Donate accommodations (for trips etc.)	<input type="checkbox"/> Calling/Administrative volunteering	

Release of Information

Release of Information: I request and authorize the release of the above information between Partner Portal agencies, other external agencies, and Upstate Warrior Solution. I certify this request has been made voluntarily and without coercion. I may revoke this request at any time in writing by emailing info@upstatewarriorsolution.org. The purpose of this referral is for the coordination of care, services, and resources and can include both written, verbal information, as well as other records and information covered by HIPAA and other privacy laws. This form is intended to generate a referral, initiate services, and coordination of care between organizations to provide holistic support.

UWS Staff/Volunteer Initials: _____ Signature: _____ Date and Time : _____

Notes (FOR INTERNAL USE ONLY)

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